

# Kelley/Pazzaglini Award

## Nomination Form 41st Summer Institute



Please refer to the nomination guidelines for a description of characteristics required for a nominee to be considered for this Award. For an electronic version of this application, go to [www.dhss.delaware.gov/si12](http://www.dhss.delaware.gov/si12).

*Please Print or Type:*

Nominee's Name:

Nominee's Job Title:

Nominee's Agency/Program

Describe how this nominee exemplifies the high standards and meets the criteria for recognition with this award. Explain why this individual is being nominated. (*Use attachment if additional space is needed.*)

Provide at least **THREE EXAMPLES** of the nominee's personal/professional excellence and commitment to professional development and practice. (*Use attachment if additional space is needed.*)

*Please attach documentation in support of this application. Résumé/Curriculum Vitae would be helpful.*

### Nominator's Information:

Name:

Phone:

Title/Agency:

eMail:

Address:

*Thank you for taking the time to acknowledge the importance of recognizing our colleague's work. To be considered, **nominations must be submitted on this form by Friday, June 15, 2012 to:***

Kelley/Pazzaglini Award Committee • Division of Substance Abuse and Mental Health Training Office  
Springer Building • 1901 N. Dupont Highway • New Castle, DE 19720 • 302/255-4450 (fax)